



REQUEST FOR CONVERSION OF A GAMBLING BUSINESS REGISTRATION TO A LICENSE (CGCC – 537)

This form is to be submitted to the California Gambling Control Commission at 2399 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833-4231 by each registrant that has received a summons from the Division of Gambling Control.

Type or print (in ink) all information requested on this application form. If additional space is needed, please note response on a separate sheet of paper and attach to the application.

SECTION 1: REGISTRATION CATEGORY

Owner ☐ Player ☐ Supervisor ☐ Other Employee ☐

SECTION 2: APPLICANT INFORMATION

Applicant's Full Legal Name:

First	MI	Last
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Other Names:

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Mailing Address:

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Applicant's Business Telephone Number:

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Applicant's Business Facsimile Number (if applicable):

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TPPPS Registration Badge #

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Social Security Number (for identification purposes):

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SECTION 4: PRIMARY OWNER INFORMATION

Primary Owner's Name:

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SECTION 5: DECLARATION

I declare under penalty of perjury under the laws of the State of California that and all information submitted with this from is true, correct, and complete.

Applicant Signature: _____ Date: _____

Designated Officer Signature: _____ Date: _____